



**APPLICATION CONTRACT FOR CHILD SUPPORT ENFORCEMENT
SERVICES-CUSTODIAL PARENT**
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT/IV-D
SFN 374 (Rev. 6-2007)

Disclosure of the social security number is required pursuant to 42 USC 654a(e)(3) and (e)(4)(D) and is requested for the purpose of inclusion in the state case registry. Failure to disclose this information will affect participation in this program.

Name			Sex (M or F)	Social Security Number	Date of Birth
Address	City	State	Zip Code	Home Telephone Number	Office Telephone Number

I) I am not currently a recipient of TANF (formerly AFDC) or Medicaid. Check below if applicable:

- ☐ I previously received TANF (formerly AFDC) in the state of _____.
- ☐ I previously received medical assistance in the state of _____.

My case is now closed and Child Support Enforcement services have been terminated.

II) The North Dakota Department of Human Services (Department) is authorized to undertake whatever action is necessary to locate the noncustodial parent, establish paternity, establish and/or enforce a support obligation, review and adjust support orders, and to execute, in my name, any pleadings relative to legal action pursuant to Title IV-D of the Social Security Act. Interested persons to these actions include the noncustodial parent, namely:

Name			Sex (M or F)	Social Security Number	Date of Birth
Address	City	State	Zip Code	Telephone Number	

As well as me and the following children:

NAME	SEX (M or F)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP TO CHILD IF NOT PARENT

III) I understand that I can apply to receive services related only to locating the noncustodial parent, or to receive all Child Support Enforcement services as described in subsection II above. Check below if you wish to receive locate-only services:

☐ Locate-only services

Otherwise, all services will be provided, as appropriate.

IV) **By my signature below, I am stating that I understand the Department's attorney is not my private attorney but, according to NDCC sections 14-09-09.26 and 14-09-09.27, the real party in interest is the people of North Dakota and there is no creation of an attorney-client relationship between me and the Department's attorney.**

V) I authorize the Department to endorse and negotiate any checks received for me in payment of support.

VI) I agree to report to the Department any and all support payments that are hereinafter received by me directly from the noncustodial parent as long as this agreement is in effect. I will also report any arrangements made between me and the noncustodial parent that affect the amount due.

VII) I acknowledge that all support payments collected will be paid out in accordance with federal and state distribution rules.

VIII) In the event that I have to repay the Department to correct an overpayment to me, I agree the Department may withhold a reasonable amount from future support payments. ☐ Yes ☐ No

- * I understand that my consent is optional. The services I receive will not be affected by the choice I make.
- * I understand that if I give my consent and later change my mind, I must notify the Department in writing that I am withdrawing my consent.
- * I understand that if I do not give my consent, the Department is not prevented from seeking to correct an overpayment through other means, including taking me to court, if necessary.

IX) I understand that if I have never received TANF (formerly AFDC), the Department will charge an annual fee of \$25 for each federal fiscal year (Oct. 1 through Sept. 30) in which at least \$500 in support has been collected on my case. The Department will retain this fee from the support collections.

X) The Department may release any information contained in the office records to another state or jurisdiction when interstate enforcement action requires the information.

XI) I have received a copy of the services and responsibilities notice (DN 1200).

DISTRIBUTION: Original-Department
Canary-Applicant

Applicant

Date

FOR OFFICE USE ONLY-Application Information

Date Requested

MO	DY	YR
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Date Provided

MO	DY	YR
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Date Received

MO	DY	YR
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CHILD SUPPORT INFORMATION
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT
SFN 74 (06-2005)

Disclosure of the social security number is required pursuant to 42 USC 654a(e)(3) and(e)(4)(D) and is requested for the purpose of inclusion in the state case registry. Failure to disclose this information will affect participation in this program.

Please complete this form to the very best of your ability. The information on this form will help the Child Support Enforcement program provide services now and in the future. Some of the information you will likely know and other information you may need to research. For the information you need to research, some useful documents to consider include tax returns, identification cards, driver's license, bills, bank records, pay stubs, marriage licenses, and birth certificates.

A. INFORMATION ABOUT THE CUSTODIAL PARENT OR OTHER CARETAKER OF CHILDREN

Full Name (First, Middle, Maiden, Last, and Suffix)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (MM/DD/YYYY)
Home Address	Home Telephone Number		Cell Phone Number
City	State	Zip Code	Work Telephone Number
E-mail Address			

B. INFORMATION ABOUT THE NONCUSTODIAL PARENT (You must complete a separate form for each noncustodial parent)

Full Name (First, Middle, Maiden, Last, and Suffix)		Nickname or Alias		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Citizen of What Country		
Date of Birth (MM/DD/YYYY)	Approximate Date of Birth (if birthdate unknown)	Place of Birth (City and State or Country)		
Is Noncustodial Parent Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes-Date of Death (MM/DD/YYYY):		Place of Death (State): If deceased, skip to Section C.		
Height	Weight	Race (Check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black		
Hair Color (Check only one) <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Bald <input type="checkbox"/> Blonde <input type="checkbox"/> Gray <input type="checkbox"/> White		Eye Color (Check only one) <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Black		
List Other Distinguishing Features, (ie, tatoos or scars)		Does Noncustodial Parent Have Any Other Children? <input type="checkbox"/> No <input type="checkbox"/> Yes-Full Names of Children:		
Home Address		Home Telephone Number		
City	State	Zip Code	Cell Phone Number	
Mailing Address (City, State, and Zip Code) (if different from home address)				
Previous Address if Current Address Unknown (Street, City, State, Zip)				
Name of Employer		City	State	
Name of Previous Employer		City	State	
Usual Occupation				
Currently in the Military <input type="checkbox"/> No <input type="checkbox"/> Yes-Branch of Service:		Previously in the Military <input type="checkbox"/> No <input type="checkbox"/> Yes-Branch of Service:		
Noncustodial Parent Receives: (Check all that apply) <input type="checkbox"/> SSI <input type="checkbox"/> Social Security Disability		<input type="checkbox"/> Public Assistance, State: _____ <input type="checkbox"/> Workers Compensation, State: _____ <input type="checkbox"/> Unemployment Compensation, State: _____		
Noncustodial Parent's Mother's Name (First, Middle, Maiden, Last)		Noncustodial Parent's Father's Name (First, Middle, Last, Suffix)		
Items Noncustodial Parent Owns (Check all that apply) <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> House <input type="checkbox"/> Business <input type="checkbox"/> Stocks <input type="checkbox"/> Mobile Home <input type="checkbox"/> Truck <input type="checkbox"/> Boat <input type="checkbox"/> Land <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account				
List Any Other Investments, Resources, or Property		Does Noncustodial Parent Have a Driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes-What State?		
Is Noncustodial Parent in Prison? <input type="checkbox"/> No <input type="checkbox"/> Yes-Where?		Has Noncustodial Parent Been in Prison in the Past? <input type="checkbox"/> No <input type="checkbox"/> Yes-When and Where?		

C. INFORMATION ABOUT THE CHILDREN OF THE NONCUSTODIAL PARENT WHO IS LISTED IN SECTION B

Case Number (Agency Use Only)

1. Full Name (First, Middle, Last, and Suffix)			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State)
2. Full Name (First, Middle, Last, and Suffix)			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State)
3. Full Name (First, Middle, Last, and Suffix)			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State)
4. Full Name (First, Middle, Last, and Suffix)			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State)
If more than 4 children, please attach a separate sheet providing the above information.			
Is there an order for Noncustodial Parent to provide support for any of the children listed above?			
<input type="checkbox"/> No - Skip next 2 lines <input type="checkbox"/> Yes-Continue with questions below:			
Amount \$ _____ per		For Which Children?	
Date Last Received (MM/YYYY)	State/County, or Tribal Court Involved	Case Number	Year of Court Order
Has paternity been established for the children by signing a Voluntary Acknowledgment of Paternity?			
<input type="checkbox"/> No <input type="checkbox"/> Yes-For Which Children?		Which State?	When?
Were the children born while the parents were married or within 9 months of divorce?			
<input type="checkbox"/> No <input type="checkbox"/> Yes-Skip to Section D.			
Has paternity been established for the children by a court order?			
<input type="checkbox"/> No - Skip to Section D. <input type="checkbox"/> Yes-Continue with the following question: For Which Children?			
State and County of Court Involved		Case Number	Year of Court Order

D. IF YOU ARE THE PARENT, COMPLETE THIS SECTION (if you are NOT the parent of the children, skip to Section E).

Are you, or were you legally married to the other parent?	
<input type="checkbox"/> No <input type="checkbox"/> Yes-When (month and year)	Where (city and state):
Are you legally separated from the other parent?	
<input type="checkbox"/> No <input type="checkbox"/> Yes-When (month and year):	Court where separation was filed (city and state):
Are you legally divorced from the other parent?	
<input type="checkbox"/> No <input type="checkbox"/> Yes-When (month and year):	Where (city and state):
Is there any legal action pending against the Noncustodial Parent, for example, a divorce action?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
Did you ever live with the other parent?	Date:
<input type="checkbox"/> No <input type="checkbox"/> Yes-Provide Address:	From: To:

E. IF YOU ARE NOT THE PARENT, COMPLETE THIS SECTION (otherwise, skip to Section F)

Were the parents married?	Are the parents divorced?
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
How are you related to the children?	
Do you have legal custody of the children?	
<input type="checkbox"/> No-Skip to Section F. <input type="checkbox"/> Yes-Complete this section.	
State and County of Court Involved	Case Number
Year of Court Order	

F. STATEMENT AND SIGNATURE

I understand the information given above may be investigated and I certify that this information is true and complete to the best of my knowledge.	
Signature	Date

ACKNOWLEDGMENT OF NONREPRESENTATION

I, a recipient of child support services, have read and understand the following:

1. The state of North Dakota has a lawyer to assist in securing child support but this lawyer is not my lawyer.
2. I have the right to hire my own lawyer, at my expense, if I want.
3. Child support officials and the state's lawyer may work on my case to locate a noncustodial parent, establish paternity, secure repayment of government benefits (such as TANF and Medicaid), establish medical support, enforce medical support, establish child support, enforce child support, or modify an order for support. The state has an interest in doing all these things. The state's lawyer will represent the state's interest.
4. The state's lawyer will not be able to help me with other matters such as child custody, visitation, tax deductions, or property settlements, even though these things may seem connected to child support. If I want a lawyer to help me with these other matters, I must get my own lawyer.
5. I must cooperate with child support officials and the state's lawyer if I want to receive child support services.
6. When I give information to child support officials or the state's lawyer, that information may be used if the officials or the state's lawyer think it is necessary or appropriate to use it. I will not be able to tell them that the information cannot be used. I will not be able to tell them how to use the information.

The North Dakota laws that deal with paragraphs 1 through 6 above can be found in North Dakota Century Code sections 14-09-09.26 and 14-09-09.27.

By my signature below, I am stating that I have reviewed and understand this Acknowledgment of Nonrepresentation.

Dated this _____ day of _____, 20____.

Signature

Agency Use Only

Person ID:

DN # 403 (4/05)

**STATE OF NORTH DAKOTA
DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT DIVISION
NON-TANF SUPPORT ENFORCEMENT SERVICES AND RESPONSIBILITIES**

Child Support Enforcement (CSE) provides locate, paternity, child support, spousal support, and medical support services. Recipients of Temporary Assistance for Needy Families (TANF) receive these services automatically. Other individuals may apply for these services; their cases are called "Non-TANF" cases. This Notice describes CSE's services, responsibilities of the individuals receiving the services, fees, accounting procedures, and use and disclosure of information for Non-TANF cases.

SERVICES - ALL CASES

1. CSE will determine the methods and strategies used to collect support and fulfill its duties.
2. CSE will make reasonable efforts, consistent with its priorities and procedures, to:
 - a. Locate the noncustodial parent;
 - b. Obtain an order establishing the noncustodial parent's child support obligation according to child support guidelines, if no order exists;
 - c. Establish paternity;
 - d. Enforce child support orders;
 - e. Collect ordered spousal support if current child support, based on the same order, is being collected;
 - f. Collect interest;
 - g. Obtain or enforce an order for medical support, including health insurance coverage; and
 - h. Review cases for potential adjustment to the support amount, either upward or downward, using child support guidelines. (A review of the support amount may be requested by either parent).
3. CSE will monitor for delinquent child support payments through a delinquency control system and will try to initiate appropriate enforcement action when CSE becomes aware of the delinquency.
4. If the noncustodial parent lives in a state other than North Dakota, CSE may have to refer the case to that state to establish or enforce child support payments. Because of differences in state laws and procedures, out-of-state cases present additional problems and often take more time. CSE will release any information contained in office records to another state or jurisdiction when interstate enforcement action requires the information.
5. In performing services for you, CSE is assisted by attorneys. These attorneys represent the state. They are not your personal attorneys.

This means that no attorney-client relationship exists between you and the CSE attorney. It also means that in the event of a conflict between your interests and those of the state, the CSE attorney will have to resolve the conflict in favor of the state's interests. Should the CSE attorney become aware of such a conflict of interest, he or she will try to inform you.

CSE cannot provide all the services that you may receive from a private attorney. For example, CSE cannot provide services to you regarding custody, visitation, or any other issue not directly related to child support.

If you require legal advice, desire specific legal action, or desire routine involvement in deciding the methods to be used in your case, you may want to consider using a private attorney who may be able to provide you with more individualized service.

6. Your case will close under the following conditions:

- I.
 - a. Upon your written request;
 - b. When CSE has been advised that you have applied for services in another state, or
 - c. If you are a custodial parent who requested locate-only services, when those services have been provided.

You may request CSE to reinstate your services if changed circumstances could lead to the establishment of paternity, establishment or enforcement of a support order, or a review and adjustment of the support order or, in accordance with federal regulations found at 45 C.F.R. 303.11.

- II.
 - a. If your child has reached the age of majority, there is no longer a current support order, and arrears are under \$500 or unenforceable under state law;
 - b. If your child has not reached the age of majority but there is no longer a current support order and arrears are under \$500 or unenforceable under state law;
 - c. If you applied for services as a custodial parent and CSE has information that you no longer have legal or physical custody of your child or children.
 - d. If CSE has been unable to contact you for more than sixty days despite attempts to do so that include at least one letter sent by first-class mail to your last-known address;
 - e. If CSE cannot obtain jurisdiction over the noncustodial parent;
 - f. If the noncustodial parent has died and no further action can be taken;
 - g. If paternity cannot be established because, for example, genetic testing or the court has excluded the alleged father;
 - h. If CSE has been unable to locate the noncustodial parent for three years if the noncustodial parent's social security number is known or for one year if the noncustodial parent's social security number is not known;
 - i. If the noncustodial parent has been institutionalized in a psychiatric facility or is incarcerated with no chance of parole and cannot reasonably be anticipated to pay support for the time remaining until the child or children reach the age of majority;
 - j. If the noncustodial parent has a medically verified total and permanent disability with no evidence of support potential;
 - k. If the noncustodial parent is a citizen of and lives in a foreign country, does not work for the United States government or for a company with offices in the United States, has no reachable domestic income or assets, and CSE does not have reciprocity with the foreign country;
 - l. If CSE has documented evidence that you have not cooperated and your cooperation is essential for the next enforcement step.
Failure to cooperate includes:
 - (1) Failure to appear at a CSE office or at another location designated by CSE to provide information, testimony, or evidence for the purpose of legal proceedings; or
 - (2) Failure to complete and return forms or otherwise provide information needed to service your case; or
 - (3) If you are a custodial parent, failure to report to CSE any child support payments that are made directly to you; or
 - (4) If you are a custodial parent, failure to repay to CSE any child support collections you receive that you are not entitled to keep.

CSE will not terminate services for any of these reasons if you contact CSE, **within 60 days** after issuance of a written notice of termination, and provide information that could lead to the location of the noncustodial parent or to the establishment or enforcement of a support order. After 60 days, you may request CSE to reinstate your services if changed circumstances could lead to the establishment of paternity, establishment of a support order, or the enforcement of a support order.

TAX REFUND OFFSET

1. CSE may submit the case for federal and/or state tax refund offset. With this method of collecting child support arrears, the noncustodial parent's tax refund is intercepted and applied to arrears.
2. Conditions for submittal for tax refund offset are as follows:
 - a. You must be a Non-TANF applicant pursuant to Section 454(6), Title IV of the Social Security Act, and you cannot obtain only tax refund offset services.
 - b. There must be a valid court or administrative order for child support.
 - c. The noncustodial parent must have child support arrears of at least \$500.
 - d. The noncustodial parent's social security number has been verified.

- e. You may need to provide CSE with a copy of the order and any modifications. In cases with arrears from a time period prior to application for CSE services, you may need to provide a certified copy of the support payment record or a signed affidavit before these arrears can be submitted for offset.
3. There is no guarantee that monies will be collected on the case through tax refund offset.
4. If a collection is made through federal tax refund offset, CSE has the authority to hold the refund, if it involves a joint return, for up to six months before sending the collection to the custodial parent.
5. If you are a custodial parent who has received public assistance in North Dakota in the past and CSE has submitted a debt for federal tax refund offset, the State's debt will be satisfied first.
6. If you are a custodial parent, you are personally liable for the repayment of any monies received by you that were an overpayment, including any amounts that may be returned to the noncustodial parent due to the filing of an amended return by the noncustodial parent's spouse. The amended return may be filed as much as six years later.

ACCOUNTING PROCEDURES

1. CSE will endorse checks, money orders, and drafts received in payment of support. This is necessary to allow the office to process payments.
2. When money is collected for child support, CSE will determine where the money should be applied according to federal and state distribution requirements.

Example: Payments are usually applied to current child and medical support first. However, money sent to us from a federal tax refund offset will not be applied to current support. Federal tax refunds will only be applied to arrears that were certified (reported) to the IRS.

3. When the noncustodial parent, an employer, the Secretary of the Treasury, the State Tax Commissioner, etc., sends a support payment to CSE, CSE will send the appropriate amount to the custodial parent. This is an "advance" of funds pending the actual processing of the support payment. If CSE is unable to process the support payment for any reason, the custodial parent must repay CSE.

Example A: If the noncustodial parent's support check is written on insufficient funds (bounces) and efforts to get the noncustodial parent to make the check good fail, the custodial parent must repay the amount of the advance to CSE.

Example B: If the Internal Revenue Service takes back the amount of the federal tax refund offset, the custodial parent must repay the amount of the advance to CSE.

To facilitate this repayment process, the custodial parent may authorize CSE to withhold a reasonable amount from future support payments as repayment. This authorization may be given as part of the application process but it is not a requirement in order to receive services from CSE. If the custodial parent does not give authorization as part of the application process and repayment becomes necessary, CSE will attempt to set up a repayment plan with him or her or seek repayment through the courts if necessary.

COSTS AND FEES

1. If, in a paternity case, the custodial parent names someone as the father and this individual is later excluded by genetic tests, the custodial parent may be required to pay the cost of the genetic tests.
2. If you request your case be referred to the Secretary of the Treasury for full enforcement services by the IRS and CSE approves this request, you must pay \$122.50, which is the fee charged by the IRS for this service.
3. You may be required to pay additional court costs.
4. If you are a custodial parent who has never received TANF, CSE will charge an annual fee of \$25 for each federal fiscal year (October 1 through September 30) in which at least \$500 in support has been collected on your case. CSE will retain this fee from the support collections.

5. CSE reserves the right to charge additional fees; however, you will receive notification at least thirty days prior to implementation of any new fee schedule or collection of any fee for future services.

PARENT'S RESPONSIBILITIES

1. If you are a custodial parent and you receive your child support payment directly from the noncustodial parent, it is your responsibility to report the money to CSE immediately. All child support payments must be reported to CSE. It is necessary to report these payments to CSE for proper accounting and recording and to enable CSE to claim federal funding for the costs of the service.
2. CSE is most effective when you work with them to enforce child support orders. You may assist CSE by:
 - a. Providing certified copies of your support orders. This is usually a decree of divorce, but could be another type of order such as a paternity order, juvenile court order, separate maintenance order, or an order modifying child support or spousal support obligations.
 - b. Completing and returning, as quickly as possible, all forms, requests for information, or data requested by CSE.
 - c. Informing any agent or lawyer, whom you retain to assist in other domestic matters, that you are receiving services from CSE.
 - d. Notifying CSE if you, either personally or through a private attorney, filed any pleadings to establish or modify a support obligation or to recover support due.
 - e. Promptly furnishing any changes in your address or in the other parent's address.
 - f. If you are a custodial parent, refraining from personally contacting the noncustodial parent's employer.
 - g. Calling for an appointment if you wish to see your child support worker.

USE AND DISCLOSURE OF INFORMATION

1. Information you provide CSE may be disclosed to, and used by, public officials who require such information in connection with their official duties.
2. Information you provide CSE will be used for purposes directly connected with the administration of CSE. This may include the use and disclosure of social security numbers, of you and your child(ren), for various purposes such as locating the noncustodial parent, cataloging the case files, submitting cases for tax refund offset and securing health insurance coverage for the child(ren). Social security numbers may be disclosed to the noncustodial parent or noncustodial parent's health insurance company in order to enroll the child(ren) in medical insurance.
3. CSE will follow all federal and state confidentiality requirements, in regard to safeguarding of information.

If you have any questions regarding this information, please contact your local Regional Child Support Enforcement Unit listed below:

Bismarck RCSEU
316 N 5th St., Suite 300
PO Box 7310
Bismarck, ND 58507
(701) 328-0955

Dickinson RCSEU
135 Sims Street #202
Dickinson, ND 58601
(701) 227-7424

Grand Forks RCSEU
151 S Fourth Street #N101
PO Box 5756
Grand Forks, ND 58206
(701) 795-3960

Minot RCSEU
305 17th Avenue SW Suite A
PO Box 2249
Minot, ND 58702
(701) 857-7696

Devils Lake RCSEU
206 Fifth Street NE
Devils Lake, ND 58301
(701) 665-4475

Fargo RCSEU
4950 13th Ave. S, Suite 22
PO Box 2987
Fargo, ND 58108
701) 298-4900

Jamestown RCSEU
804 13th Street NE
PO Box 427
Jamestown, ND 58402
(701) 253-6260

Williston RCSEU
205 E Broadway
PO Box 2047
Williston, ND 58802
(701) 774-7940

The Department of Human Services makes available all services and assistance without regard to race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance. The Department of Human Services makes its programs accessible to persons with disabilities. Persons needing accommodation or who have questions or complaints regarding the provision of services should contact their local Regional Child Support Enforcement Unit or the Child Support Enforcement Division at (701) 328-3582 or toll free in ND: 1-800-755-8530; TTY: 1-800-366-6888.